

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         | TC       |        | 10-1-01   |
| O.I.P.E. CLASSIFIER       | X3       |        | 10/13/01  |
| FORMALITY REVIEW          | Th       | 1115   | 10 29, 01 |
| RESPONSE FORMALITY REVIEW | HL       | 1079   | 01/07/01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    | 1/20/01 |
| Original | 1/20/01 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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JCS 553 MC 10/29/01

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